
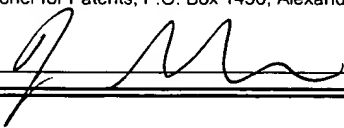
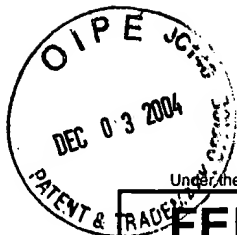




PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (fees effective on or after October 1, 2004)		Docket Number (Optional) 105984-0786	
Application Number 09/669,364		Filed September 26, 2000	
For DISTRIBUTED STATISTICAL DATA RETRIEVAL IN A NETWORK DEVICE			
Art Unit 2635		Examiner Y. Dalencourt	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$110.00	\$55.00
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$430.00	\$215.00
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$980.00	\$490.00
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1,530.00	\$765.00
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2,080.00	\$1,040.00
<input checked="" type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input checked="" type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>141449</u> . I have enclosed a duplicate copy of this sheet.		
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input type="checkbox"/> attorney or agent of record. Registration Number _____			
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>43,810</u>			
		<u>December 1, 2004</u>	
Signature		Date	
<u>Reza Mollaaghababa</u>		<u>(617) 439-2000</u>	
Typed or printed name		Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/>	Total of <u>1</u> forms are submitted.		

Two Month Request for Extension of Time Under 37 CFR 1.136(a)	
I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: December 1, 2004	Signature:  (Reza Mollaaghababa)



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2005 <i>Effective 10/01/2004. Patent fees are subject to annual revision.</i>		Complete if Known	
		Application Number	09/669,364
		Filing Date	September 26, 2000
		First Named Inventor	Anne K. Winiewicz
		Examiner Name	Y. Dalencourt
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	2635	
TOTAL AMOUNT OF PAYMENT	(\$) 215.00	Attorney Docket No.	105984-0786

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order		2. EXTRA CLAIM FEES			
<input type="checkbox"/> Deposit Account	<input type="checkbox"/> None			Fee Description	Fee (\$)	Small Entity Fee (\$)	
Deposit Account Number	141449			Each claim over 20	18	9	
Deposit Account Name	Nutter McClennen & Fish LLP			Each independent claim over 3	88	44	
The Director is authorized to: (check all that apply)				Multiple dependent claims	300	150	
<input type="checkbox"/> Charge fee(s) indicated below				For Reissues, each claim over 20 and more than in the original patent	18	9	
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee				For Reissues, each independent claim more than in the original patent	88	44	
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17				Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
<input checked="" type="checkbox"/> Credit any overpayments				- 20 or HP = $\frac{\text{Total Claims}}{\text{HP}}$ x Fee Paid =			
To the above-identified deposit account.				HP = highest number of total claims paid for, if greater than 20			
<input type="checkbox"/> Other (please identify):				Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
				- 3 or HP = $\frac{\text{Indep. Claims}}{\text{HP}}$ x Fee Paid =			
				HP = highest number of independent claims paid for, if greater than 3			
FEE CALCULATION				Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	
1. BASIC FILING FEE				Subtotal (2) \$ 0.00			
Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)	3. OTHER FEES			
Utility Filing Fee	790	395		Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid
Design Filing Fee	350	175		1-month extension of time	110	55	
Plant Filing Fee	550	275		2-month extension of time	430	215	215.00
Reissue Filing Fee	790	395		3-month extension of time	980	490	
Provisional Filing Fee	160	80		4-month extension of time	1,530	765	
Subtotal (1) \$			0.00	5-month extension of time	2,080	1,040	
				Information disclosure stmt. Fee	180	180	
				37 CFR 1.17(q) processing fee	50	50	
				Non-English specification	130	130	
				Notice of Appeal	340	170	
				Filing a brief in support of appeal	340	170	
				Request for oral hearing	300	150	
				Other:			
				Subtotal (3) \$		215.00	

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	43,810
Name (Print/Type)	Reza Mollaaghababa	Telephone	(617) 439-2000
		Date	December 1, 2004

Fee Transmittal	
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